



BOB RILEY  
GOVERNOR

STATE OF ALABAMA  
**DEPARTMENT OF MENTAL HEALTH  
AND MENTAL RETARDATION**  
RSA UNION BUILDING  
100 N. UNION STREET  
POST OFFICE BOX 301410  
MONTGOMERY, ALABAMA 36130-1410



JOHN M. HOUSTON  
COMMISSIONER

May 18, 2009

Dear Vendor:

Proposals will be received for Preadmission Screening Resident Review (PASRR) evaluations for applicants and residents of Medicaid certified nursing homes in Alabama until Friday July 10, 2009 at 5pm.

Submission of proposals does not guarantee an award of a contract. **Any contract resulting from this proposal is not effective until it has received all requisite government approval, and Contractor shall not begin performing work under contract until notified to do so by the contracting Division. Contractor shall not be entitled to compensation for work performed prior to the effective date of contract.** A standard departmental contract will be required

**A copy of the State of Alabama Vendor Registration is available through DMH/MR Contracts website (click on "Vendor Registration"). All vendors wishing to contract with the state of Alabama must fill out this registration every three (3) years and return it immediately to State Purchasing. Only vendors who are registered with State Purchasing may receive state contracts. Go to [www.purchasing.state.al.us](http://www.purchasing.state.al.us) for appropriate class-subclass codes.**

**If you/your company desire to offer a contract proposal:**

1. Read the entire proposal document.
2. Proposal must be submitted in the format requested.
3. Proposals must be in ink or typed (pencil is unacceptable) and contain original signatures.
4. Return proposal and four (4) copies to:

Catheryn Townsend, Director  
Contracts Office

AL Department of Mental Health and Mental Retardation  
100 North Union Street, Suite 586  
Montgomery, AL 36104

Proposals may be returned via Regular Mail or Express/Overnight Mail.

Sincerely,

Catheryn B. Townsend, Director  
Contracts Office  
AL Department of Mental Health and Mental Retardation

## **Request for Proposal (RFP)**

**Organization:** Alabama Department of Mental Health and Mental Retardation

**Apply by:** **Friday, July 10, 2009 (5pm).** *The RFP must be received in the Contracts Office by the listed date.*

**Contact Information:** Catheryn B. Townsend, Director  
Contracts Office  
Alabama Department of Mental Health & Mental Retardation  
RSA Union Building, Suite 586  
100 North Union Street  
Montgomery, AL 36104  
Telephone Number (334) 353-7440  
Fax Number (334) 353-7090

The Alabama Department of Mental Health and Mental Retardation (DMH/MR) is seeking qualified firms/individuals to conduct and/or arrange statewide Preadmission Screening Resident Review (PASRR) evaluations for applicants and residents of Medicaid certified nursing homes in Alabama.

### **SECTION I**

#### **GENERAL INFORMATION**

##### **I. INTRODUCTION**

This section is designed to provide the responders with DMH/MR's expectations of contract and proposal compliance with this RFP. Section IV in combination with Sections V and VI should strengthen the responder's overall understanding of Alabama's Preadmission Screening Resident Review (PASRR) operations as well as all program requirements for proposal evaluation and contract compliance.

##### **II. STATEMENT OF WORK**

In accordance with Public Law 100-203, the Omnibus Budget Reconciliation Act (OBRA) of 1987, the Alabama Department of Mental Health and Mental Retardation (DMH/MR) implemented a Preadmission Screening Annual Resident Review (PASARR) program on January 1, 1989. This administrative program is responsible for ensuring that all individuals applying to or residing in Medicaid certified nursing facilities in Alabama are screened for mental illness and/or mental retardation/related conditions. If such a diagnosis is suspected, a Clinical Review is conducted on every referral to establish the presence/absence of a serious mental illness and/or mental retardation/related diagnosis. If the diagnosis is confirmed, a more extensive evaluation (Level II) is conducted to: 1) identify any specialized services for the confirmed condition. Individuals who are considered to be a danger to self or others are not considered eligible for nursing facility placement until the behavior is deemed not to be suicidal,

combative or self injurious, and 2) determine if the individual meets established medical criteria for nursing facility level of care. Individuals with confirmed primary diagnoses of Dementia or Alzheimer's disease are exempt from any further screening or evaluation once the diagnosis is confirmed as primary and there is no presence of mental retardation/related condition. Note: The term, "Organic" is no longer valid as a diagnosis (Reference: DSM-IV, "Delirium, Dementia, and Amnesic and Other Cognitive Disorders"). Such evaluations confirming Dementia or no mental illness (including, but not limited to, DSM-IV 293.89 -Anxiety due to a Generalized Medical Condition) or no mental retardation/related condition are required to be stopped at the Clinical Review stage.

Evaluations are expected to be scheduled and conducted with the least possible amount of disruption to the individual applicant or resident. The Clinical Review process for applicants to and residents of nursing facilities are required to be completed within two working days from the date of the referral unless medical circumstances are warranted pertaining to the patient and the Clinical Review process. Level II evaluations and determinations for applicants to and residents of nursing facilities are required to be completed within seven (7) working days from the date of the Level I determination. "Updates/significant changes" are reported to the OBRA PASRR Office by nursing facilities and are conducted as Partial Review evaluations to be completed in seven (7) working days from the date of the Level I determination unless otherwise instructed by the OBRA PASSRR Office.

The Alabama DMH/MR and other designated agencies, as appropriate, are responsible for providing/arranging specialized services for those nursing home residents who are determined to need such services. All nursing facility residents who were determined to be inappropriately placed in nursing facilities and required specialized services for mental illness and/or mental retardation were required to be out placed by DMH/MR no later than October 1, 1994.

Any nursing facility applicant or resident who feels adversely affected by PASRR has the right to appeal. All applicants and residents or guardian/representative (when applicable) are entitled to an explanation of the PASRR findings in a manner and language understandable to the applicant or resident's educational background, culture, race, origin, and ability to understand. (See Attachment 4)

### **III. REQUIREMENTS**

The requirements of this Request for Proposals are for an organization to perform professional services, meeting the following objectives:

1. Management of the Clinical Review/Level II evaluation/determination process including recruitment, training and coordination of Alabama licensed local health professionals to conduct the various components of the evaluations; scheduling; implementation of quality assurance procedures; conducting quality clinical reviews and evaluations in a timely manner; making the final decision regarding nursing home eligibility to exclude Mental Health services; timely processing and transmittal of evaluations; providing administrative services to DMH/MR; and notification and interpretation of the process, findings/results as specified by DMH/MR, and the appeals process to the applicant/resident or representative (if

- applicable), the nursing facility provider, the discharging hospital (if applicable), and the attending physician.
2. Providing reports and summaries as specified by DMH/MR.
  3. Compliance and cooperation with all requirements, including responsiveness to requests by the OBRA PASRR Office, as well as conformance to any changes initiated by DMH/MR or any subsequent regulations as promulgated through the OBRA PASRR Office.

#### **IV. SCOPE OF WORK**

The responder agrees to conduct Clinical Review/Level II evaluations and make determinations in a timely manner for all persons identified by the OBRA PASRR Office as having suspected mental illness and/or mental retardation/related conditions. The responder's evaluations and assessment instruments must comply with Public Law 100-203 criteria and those criteria published in the Federal Register, Vol. 57, No. 230. The responder shall adapt the assessment instruments to cover any additional assessment requirements or modifications as required by DMH/MR and any subsequent requirements mandated by the Center for Medicare and Medicaid Services with no additional charge to DMH/MR.

1. Clinical Reviews/Evaluations for applicants with a suspected diagnosis of MI, MR/RC or residents with a confirmed diagnosis of MI, MR/RC who have demonstrated a change in condition/behavior will be identified to the successful responder by facsimile of the Level I Screening form (See Attachment 7) on the date of identification to the OBRA PASRR Office by the referral source. The responder is responsible for conducting, reviewing, and submitting completed Clinical Review determinations. If further assessment is needed, the responder is responsible for scheduling, conducting, reviewing, and submitting completed evaluations/determinations within seven working days from the date of the referral. Should an evaluation not be received as required by the OBRA PASRR Office, the successful responder will be penalized by a fifty dollar (\$50.00) fine per evaluation per day. Extenuating circumstances (i.e. Acts of God) as approved by the Director of the OBRA PASRR Office or the designee will not be subject to this penalty on a case-by-case basis.
2. Upon receipt of the determination findings, the responder is responsible for providing the referral source, discharging hospital, nursing facility, NF applicant or resident and/or his/her legal guardian with a copy of the written findings and is further responsible for communicating the findings to the referral source, applicant, resident, or guardian in a manner and language understandable to the individual's cultural background, ethnic origin, and means of communication.
3. The responder is responsible for providing a copy of and explaining the appeals process to each applicant, resident, or guardian in a manner and language understandable to the individual's cultural background, ethnic origin, and means of communication.
4. The responder is responsible for identifying and complying with a QI monitoring system and dedicated QI staff to ensure that the integrity and quality of these processes and all requirements specified under 42 CFR 483 (Subpart C) are maintained. This will include

quality assurance measures and taking appropriate corrective action for errors, incomplete reviews/evaluations, inaccurate information, failure to schedule evaluations and explanations of findings, timeliness, and appropriateness of recommendations of evaluators.

5. The responder is responsible for periodic reports as specified by the OBRA PASRR Office.
6. The responder is responsible for providing tracking information concerning the progress of a review/evaluation to individuals, facilities, etc., on an as-needed basis.
7. The responder is responsible for ensuring that all reviews/evaluations and communications with the public are conducted in a professional, respectful, and courteous manner.

## **V. GENERAL REQUIREMENTS**

1. The responder must be available to receive PASRR referrals for evaluations during regular/customary working hours each week (i.e. 8:00 a.m. to 5:00 p.m., Monday through Friday) with the exception of official State holidays as established by the Governor and the Alabama Legislature. The responder must designate and make available a contact person and a "backup" contact person to receive statewide referrals, as well as a staff member to address/clarify any clinical problems/concerns relating to a review/evaluation.
2. The responder must be able to provide evaluations in all counties of the state.
3. The responder must be able to provide PASRR clinical reviews/determinations and evaluations/determinations and administrative services to DMH/MR as specified in this Request for Proposals.
4. The responder must designate an individual with clinical and administrative experience with whom the Director of the OBRA PASRR Office may communicate problems, clarify clinical questions/problems related to the medical criteria or program modification, as needed. Due to possible impact on contract compliance, the person responsible for compliance with the terms of the contract (i.e. contractor) is preferred to be this designated individual.
5. The responder is responsible for assuring the individual nursing facility applicant or resident is personally interviewed/evaluated on an individual "one-on-one" basis and will respect the applicant's or resident's right to privacy and dignity. Any special needs/devices should be accommodated appropriately.
6. The responder must agree to modify any or all instruments/processes and/or reports/systems/staffing to conform to the most current Federal and State regulations, laws, requirements, and/or guidelines from the Center for Medicare and Medicaid Services.

## **VI. SPECIFIC CONTRACTOR REQUIREMENTS**

### **A. Clinical Reviews**

1. The Clinical Review is a telephonic interview and determination process to determine appropriateness of a Level II evaluation. Its purpose is to ensure that unnecessary Level II evaluations are not performed, preventing associated costly delays. The contractor will conduct a phone based Clinical Review screen on all referrals received by facsimile, Level I, as assigned by the OBRA PASRR Office for suspected mental illness (MI), and/or suspected mental retardation/related conditions (MR/RC) to confirm the presence/absence of MI, MR/RC or a primary diagnosis of Dementia or Alzheimer's (for PASRR MI only). The Clinical Review will be conducted by an individual with at least two (2) years clinical and administrative experience. Qualifications of the clinician, operational procedures, and any related protocols for this process must be included in the proposal. Within the Clinical Review process, the contractor is required to include but not limit to: provide the reviewer with continuous access to a Board Eligible Psychiatrist with five (5) years experience and a developmental specialist for any needed consultation, provide an outcome reporting system, provide a Quality Improvement (QI) process to evaluate defensibility of decisions made through the Clinical Review process, the process must evaluate the basis of the Level II decisions, as well as any corrective action plans to prevent inappropriate referrals and have a toll- free number for providers to access the contractor. The Clinical Review will be a written determination with a rationale explaining the findings and will be faxed immediately to the referral source. The contractor will complete the Clinical Review within two (2) working days of the referral date unless medical circumstances are warranted pertaining to the patient and the Clinical Review process.

### **B. Level II Referrals**

1. The contractor will perform onsite visit Level II evaluations/determinations on referrals indicated through the Clinical Review process. The Level II evaluation will be conducted by Alabama licensed local health professionals. For evaluations of individuals with MR/RC, the licensed clinician must be qualified under AL code to administer cognitive and adaptive test protocols. Assessors, their disciplines, and any additional staffing and recruitment plan must be identified. The contractor will make the final determination on all mental illness evaluations, using a Board Eligible Psychiatrist with five (5) years experience or a Qualified Mental Health Professional with three (3) years experience in an MI setting with access for consultation to a Board Eligible Psychiatrist who has five (5) years experience. The contractor will make the final determination on all mental retardation evaluations using a Qualified Mental Retardation Professional with three (3) years experience in an MR setting. Evaluations must be summarized by an evaluative report format compliant with report requirements detailed in section 483.128 (I) of the final PASRR rules. This summary of findings report must make determinations regarding the individual's medical eligibility status based on criteria developed by the DMH/MR. The Level II determination will be a written determination indicating the MI

and/or MR/RC diagnosis, medical criteria, the need for specialized services and a rationale explaining the findings. The contractor will complete the Level II process within seven (7) working days of the referral date.

2. The contractor will conduct a Paper Review as assigned by the OBRA PASRR Office on Level II evaluations indicated through the Clinical Review process to be completed within seven (7) working days of the date of the referral. This may occur at a variety of review points (i.e., out of state reviews, following hospitalizations, significant change reviews or as a reconsideration of an appeal). A complete clinical interview is required with the referral source and/or caregiver, along with a document-based review of medical records to be obtained by the contractor. The contractor will make the final determination on all mental illness evaluations, using a Board Eligible Psychiatrist with five (5) years experience or a Qualified Mental Health Professional with three (3) years experience in an MI setting with access for consultation to a Board Eligible Psychiatrist who has five (5) years experience. The contractor will make the final determination on all mental retardation evaluations using a Qualified Mental Retardation Professional with three (3) years experience in an MR setting. The contractor will make a final determination regarding eligibility and complete an evaluative report meeting 483.128 (I) requirements for all individuals reviewed through this process. Individuals subject to categorical decisions as provided under 483.130 (d) require completion of an evaluation report meeting requirements described in 483.128 (j).
3. The contractor will make the determination regarding the need for mental health services and the medical need for nursing home placement on evaluations to exclude making the final determination on evaluations in which mental health services have been recommended.
4. The contractor will communicate the Clinical Review and the Level II determination to the referral source upon receipt of the determination.
5. The contractor will verify the applicant's location and schedule the evaluation within two (2) working days from the receipt of the referral.
6. The contractor will conduct and submit Level II evaluations/determinations to DMH/MR within seven (7) working days from the date of the referral from the OBRA PASRR Office.
7. The contractor will submit Level II evaluations/determinations to DMH/MR by mail, hand deliver or private delivery service. Faxing evaluations/determinations will not be permitted.
8. Content and documentation of the Level II evaluations and determinations will be required to meet the minimum final PASRR Federal Regulations and any changes thereof, and in a format agreed upon by the OBRA PASRR Office.
9. Completeness of evaluations is required. (See *Instrumentation and Protocols*, Subsection V, C.). All portions of the evaluation instrument are required to be completed by

qualified staff (See *Recruitment and Training*, Subsection VI). Review and concurrence by required qualified staff is mandatory. Legibility of all evaluation content and documentation is mandatory.

10. The contractor is required to perform coordination procedures with the OBRA PASRR Office which include, but are not necessarily limited to, the following:

"Contractor is required to perform coordination procedures necessary to complete a Clinical Review within a two (2) working day time frame from the referral date unless medical circumstances are warranted pertaining to the patient and the Clinical Review process.

"Contractor is required to perform coordination procedures needed to complete a Level II evaluation within a seven (7) working day time frame from the referral date. Contractor will contact and schedule the PASRR evaluation with the designated contact person in advance.

"Contractor will request any pertinent information from the contact person, and when possible information should be requested from family members, in addition to the required review of medical records and interview with the individual nursing facility applicant.

"Contractor will conduct evaluation, in person, with applicant/resident in a manner and language understandable to the individual's cultural background, ethnic origin, and means of communication. Contractor is expected to provide evaluators or make arrangements for the participation of interpreters, if needed, to conduct evaluations for individuals who are sight, speech and/or hearing impaired or who do not speak English, at no additional expense to the State.

"Contractor will receive the evaluations, and review for completeness and required signatures from the evaluators/reviewers.

"Upon receipt of completed evaluations and determinations, the contractor will submit the evaluations to DMH/MR in person or by mail at no additional cost to DMH/MR. (DMH/MR is not responsible for providing additional telephone lines or equipment for the timely submission of evaluations. The timely submission of evaluations/determinations is the sole responsibility of the contractor.)

"Upon receipt of the determination(s), the contractor forwards required written notifications of the evaluation results to the applicant/resident/representative, referral source, and nursing facility within one working day from receipt of the documentation.

"Contractor will explain/interpret the PASRR process, results, and appeals process (See *Attachment 4*) with the applicant or his representative, as applicable. The explanation shall be delivered in a manner in which the applicant and/or his representative understand.

### **C. Instrumentation and Protocols**

The responder will specify and provide a copy of the proposed instrumentation and protocols to be used to conduct PASRR evaluations and Clinical Reviews. The contractor is further expected to provide the evaluation instruments as approved by DMH/MR in the course of the delivery of contract services.

The responder will submit detailed specifications of the instruments. These specifications will include descriptions of the populations for which the instruments have been designed



and tested, the size and the demographic make-up of test populations, the relevant information to be obtained from each instrument, and the reliability and validity of these instruments.

Level II evaluations must be: 1) Accurate and correspond to the person's current functional level; 2) Descriptive (i.e. the presence of diagnosis, numerical test scores, developmental level, note behavioral observations and date of observation, date of onset of condition(s), medical and psychiatric history, prognosis, special incidents, and date and frequency occurred, and potential for dangerousness to self or others; and 3) Written and reported in a format adequate and sufficient for reviewers and hearing officers to interpret. Evaluations should include identification of the evaluators' names, professional titles, the date on which each portion of the evaluation or assessment was administered, and the Applicant/Resident Name, Social Security Number, Date of Birth, Age, and Location of the person evaluated, as well as the name(s) and relationship(s) of other sources.

Assessments must be adapted to the cultural background, language, ethnic origin and means of communication used by the person being assessed. Assessments must contain the Minimum Federal evaluation criteria as described in the Federal Register, Vol. 57, No. 230 (See *Attachment 3*).

**PASRR/MI:** Must include the following data:

1. A comprehensive history and physical examination of the individual. If the history and physical examination are not performed by a physician, then a physician must review and concur with the conclusions. Current and relevant assessment information obtained prior to the initiation of the PASRR process may be used (e.g. evaluation of mental and physical status conducted within the past year with no significant change reported in the individual's condition). The following areas must be included (if not previously addressed):
  - Complete medical history;
  - Review of all body systems;
  - Specific evaluation of the individual's neurological system in the areas of motor functioning, sensory functioning, gait, deep tendon reflexes, cranial nerves, and abnormal reflexes; and
  - In case of abnormal findings which are the basis for a nursing facility placement, additional evaluations conducted by appropriate specialist.
2. A comprehensive drug history including, but not limited to, current or immediate past use of medications that could mask systems or mimic mental illness.
3. A psychosocial evaluation of the individual, including current living arrangements, medical, and support systems. If the psychosocial evaluations are not conducted by a licensed social worker, then a licensed social worker must review and concur with the conclusions.
4. A comprehensive psychiatric evaluation including a complete psychiatric history, evaluation of intellectual functioning, memory functioning, and orientation, description of current attitudes and overt behaviors, detailed description of any behavior which is

considered to be a danger to self or others, affect, suicidal or homicidal ideation, paranoia, and degree of reality testing (presence and content of delusions) and hallucinations. If the psychiatric evaluation is not performed by a physician, then a board eligible or board certified psychiatrist must review and concur with the conclusions.

5. A functional assessment of the individual's ability to engage in activities of daily living and the level of support that would be needed to assist the individual to perform these activities while living in the community. The assessment must determine whether this level of support can be provided to the individual in an alternative community setting or whether the level of support needed is such that nursing facility placement is required. The functional assessment must address the following areas: 1) *Self-monitoring of health status*; 2) *Self-administering and scheduling of medical treatment, including medication compliance*; 3) *Self-monitoring of nutritional status*; 4) *Handling of money*; 6) *Dressing appropriately*; and 7) *Grooming*.
6. A summary of all data collected, including but not limited to:  
Presence of absence of specified major mental illness, including diagnosis (A primary diagnosis of dementia should be supported by positive evidence from a thorough mental status examination which focuses especially on cognitive functioning and which is performed in the context of a complete neurological on its own may corroborate a diagnosis of dementia but such examinations are not determinative.) Diagnostic information should be consistent with the Diagnostic and Statistical Manual of Mental Disorders, fourth Edition (DSM-IV).

**Recommendations concerning the individual's need for specialized services for mental illness (i.e. 24-hour inpatient psychiatric treatment.)**

Recommendations concerning the individual's need for "other mental health services" of a lesser intensity than inpatient psychiatric treatment (i.e. psychiatric consultation, rehabilitation option services, follow-up services with local mental health centers, etc.)

Recommendations concerning the individual's medical eligibility for nursing facility level of care and specifying which specific medical criteria the individual meets (See *Attachment 2*).

The final determination must be made by a Board Eligible Psychiatrist with five (5) years experience or a Qualified Mental Health Professional with three (3) years of experience in an MI setting with access to a Board Eligible Psychiatrist with five (5) years experience for consultation, if needed.

**PASRR/MR/RC:** Must include the following data:

1. The individual's comprehensive history and physical examination results to identify the following information or, in the absence of data, specific information that permits a reviewer to assess:
  - The individual's medical problems
  - The level of impact these problems have on the individual's independent functioning
  - All current medications used by the individual and the current response of the individual to any prescribed medications in the following drug groups: 1) *Hypnotics*; 2) *Antipsychotics*

*(neuroleptics); 3) Mood stabilizers and Antidepressants; 4) Anti-anxiety-sedative agents; and 5) Anti-Parkinsonian agents*

- Self monitoring of health status, including self administering and scheduling of medical treatments, self monitoring of nutritional status, self help development such as toileting, dressing, grooming, and eating
  - Sensorimotor development, such as ambulating, positioning, transfer skills, gross motor dexterity, visual motor perception, fine motor dexterity, eye-hand coordination, and extent to which prosthetic, orthotic, corrective or mechanical supportive devices can improve the individual's functional capacity
  - Speech and language (communication) development such as expressive language (verbal and nonverbal), extent to which non-oral communication systems can improve the individual's function capacity, auditory functioning, and extent to which amplification devices (e.g. hearing aid) or a program of amplification can improve the individual's functional capacity
  - Social development, such as interpersonal skills, recreation-leisure skills, and relationships with others
  - Academic/Educational development, including functional learning skills
  - Independent living development such as meal preparation, budgeting and personal finances, survival skills, mobility skills (orientation to neighborhood, town, city), laundry, housekeeping, shopping, bed making, care of clothing, and orientation skills (for individuals with visual impairments)
  - Vocational development, including present vocational skills
  - Affective development such as interest and skills involved with expressing emotions, making judgments, and making independent decisions
  - The presence of identifiable maladaptive or inappropriate behaviors of the individual based on systematic observation including, but not limited to, the frequency and intensity of identified maladaptive or inappropriate behaviors and a detailed description of any behavior which includes dangerousness to self or others
  - Legal competence, including if guardianship has been established or if "full" or "limited" guardianship is needed for the individual making informed decisions regarding PASRR placements and appeals.
2. A licensed psychologist who meets the qualifications of a Qualified Mental Retardation Professional (QMRP) is required, to identify the individual's intellectual functioning measurement and validate that the individual has mental retardation or a related condition. All intellectual and adaptive behavioral tests must have been administered within the past **three** years. The evaluation should state the date of the most recent intellectual and adaptive behavioral tests to verify the information is current. If for any reason, the tests do not correlate with the individual's current level of functioning, new testing is required. If the intellectual and adaptive behavioral assessments are not completed by a licensed psychologist, they must be administered by a licensed clinician

qualified under Alabama code to administer cognitive and adaptive test protocols. A licensed psychologist must review, identify, and validate the individual meets the AAMR criteria for Mental Retardation. Assessors, their disciplines, and any additional staffing and recruitment plan must be identified.

♦“Persons with related conditions” means individuals who have a severe, chronic disability that meets *all* of the following conditions:

\*It is attributable to

1. Cerebral Palsy or epilepsy, or
2. Any other condition, other than mental illness, found to be closely related to mental retardation because this condition results in impairment of general intellectual functioning or adaptive behavior similar to that of persons with mental retardation, and requires treatment or services similar to those required for these persons. Any other condition includes autism;

\*It is manifested before the person reaches age 22;

\*It is likely to continue indefinitely; and

\*It results in substantial functional limitations in three or more of the following areas of major life activity;

1. Self-care
2. Understanding and use of language
3. Learning
4. Mobility
5. Self-direction
6. Capacity for independent living

3. A summary of all data collected, including but not limited to:

- Types of Intellectual and functional Assessments administered, test and functional assessment scores, and dates administered
- Confirmation of the presence of mental retardation/related condition
- Recommendations concerning the individual’s need for specialized services for mental retardation (i.e. Residential ADLs, Psychotropic Medication monitoring, On-site Behavior Management, Reading/Writing Skills Training, Speech/Language Training, community Living Skills Training, Specialized Day Training, Community Living Skills Training, Specialized Day Program (geriatric) outside facility, Competitive Employment, Vocational Day Program, Day Program in a Nursing Facility, Social Skills Training, Quantitative Skills Training, Adult Day Program, and/or Other Habilitation Services
- Recommendations concerning the individual’s medical eligibility for nursing facility level of care and specifying which specific medical criteria the individual meets (See *Attachment 2*)

The final determination must be made by a license Qualified Mental Retardation Professional with three (3) years experience in an MR setting.

### **PASRR/MI/MR/RC:**

Must meet the requirements for both the PASRR/MI and PASRR/MR/RC evaluations but in a consolidated and organized manner. Recommendations cannot be contradictory.

## **VII. RECRUITMENT AND TRAINING REQUIREMENTS**

All evaluators will be thoroughly trained by the contractor regarding the PASRR process, federal regulations and requirements, as well as medical eligibility requirements, psychiatric/DSM-IV, and AAMR criteria and the PASRR Appeals Process. Evaluators will be trained in the areas of sensitivity, respectfulness, and Patient and Resident Rights, as well as confidentiality of records. The contractor is responsible for training evaluators that there is “Zero Tolerance” of any type of abuse or discrimination with any of the population with whom they come into contact in the performance PASRR services/activities. The contractor is required to recruit and train a sufficient number of qualified evaluators to ensure all minimum evaluation requirements (i.e. assessment completion, timeliness, signatures, etc.) are met.

In addition to the professional qualifications identified in the review and “sign off” of evaluation components (See *Instrumentation and Protocols*, Subsection V, C.), the minimum qualifications for an individual conducting a PASRR/MI assessment/evaluation are: Graduation from a four year college or university with a degree in psychology, social work, or a related field and at least one year’s experience in a psychiatric setting **OR** Graduation from an accredited School of Nursing or a BS degree in Nursing with one year’s experience in a psychiatric setting. Licensure in the areas of Social Work and Nursing as issued by the respective Alabama boards is required.

Employment of DMH/MR employees by the contractor to conduct evaluations is prohibited per the advisement of the State Ethics Commission. Nursing facility employees are prohibited from conducting Level II evaluations in a facility from which they receive compensation for services (i.e. employment, full or part time).

Evaluator qualifications/credentials must be reviewed and approved by the Director of the OBRA PASRR Office prior to conducting any evaluation. Copies of appropriate licensure should accompany all applications/resumes. Evaluator training should be scheduled on an established basis, in addition to any supplemental training for problem areas or follow-up sessions. A copy of the training agenda is to be submitted to the Director of the OBRA PASRR Office prior to the onset of training. All evaluators are required to undergo training from the contractor and/or his/her designee(s) prior to conducting **any** PASRR evaluations. Training costs are the responsibility of the contractor.

## **VIII. OTHER PASRR REQUIREMENTS**

1. **Aborted Assessments:** In some cases evaluations will be aborted (stopped/cancelled), beyond the control of the contractor (e.g. quarantine, death, transfer, NF application withdrawn, etc.). The bidder will factor the costs for such aborted assessments in the required price proposal and will not bill DMH/MR for such aborted assessments. No fee shall be separately payable for aborted assessments. However, all aborted evaluations must be reported, in writing, to the OBRA PASSRR Office.

2. **Halted Assessments:** Evaluations are required to be halted by the contractor for the following reasons:
  - Substantiation/confirmation of a primary diagnosis of Dementia or Alzheimer's (for PASRR/MI only)
  - No evidence of suspected Mental Illness and/or Mental Retardation (This includes, but is not limited to Mood Disorders Due to a General Medical Condition-DSM-IV 293.83, Substance Related Disorders, etc.)

The contractor is responsible for ensuring that evaluations which meet the above criteria are halted prior to submission to the OBRA PASRR Office in order not to create unnecessary admission delays for new applicants to nursing facilities. A fifty dollar (\$50.00) fine will be invoked for each evaluation which is not halted by the contractor who submits an evaluation with documentation of substantiation/confirmation of a primary diagnosis of Dementia or Alzheimer's (for PASRR/MI only) or no evidence of suspected Mental Illness and/or Mental Retardation/Related Condition.

3. **Special Assessments:** In a small number of cases a more extensive assessment of an individual will be necessary. The contractor will be expected to arrange such assessment. Costs to DMH/MR for these assessments must be requested of and approved in writing by the Director of the OBRA PASRR Office prior to conducting a Special Assessment.
4. **Administrative Services:** The contractor will provide PASRR administrative services to DMH/MR. Such administrative services will include, but may not be limited to:
  - Preparing, reproducing, and mailing PASRR notification, as well as the Appeals process, to applicants/residents or representatives, nursing facilities, referral sources, etc.
  - Semi-Annual Report or more frequent if needed, to DMH/MR concerning the number and types of evaluations conducted for the specified reporting period, a breakdown of the results of the evaluations and a printout of all individuals by name, social security number, and name of nursing facility or location who were determined to need specialized services by condition (i.e. MI, MR, MI/MR), as well as the type(s) of specialized services needed. (see attachment 8 for example)
  - Documentation of problem investigation and resolution. **All** correspondence or documentation pertaining to problem investigation and/or problem resolution must be submitted to the Director of the OBRA PASRR Office. Prompt responsiveness to identified problems is required.
5. **Confidentiality:** The contractor must provide security measures to be followed at all times to ensure the security and confidentiality of all PASRR evaluations. The bidder will describe the security measures to be taken in its bid proposal.
6. **Quality Assurance/Improvement:** The contractor will conduct quality control checks on completed assessments before submitting them to DMH/MR. The contractor will be responsible for implementing any procedures, including random reviews, necessary to ensure quality products are delivered to DMH/MR. A quarterly summary of all quality Assurance/Improvement measures should be submitted to the Director of the OBRA PASRR Office.
7. **Records Retention:** In accordance with federal regulations, the contractor agrees to retain all pertinent records for five (5) years after final payment is made under the contract or any related subcontract. In the event any audit, litigation or other action involving these pertinent records is started before the end of the five year period, the contractor agrees to retain these

records until all issues arising out of the action are resolved or until the end of the five (5) year period, whichever is later. The contractor additionally consents to insure that all subcontracts will contain adequate language to require the same pertinent records retention on the part of subcontractors if the contractor, itself, does not hold these records.

8. **Availability:** The contractor will make itself available to:
- Testify at Appeal Hearings, if needed
  - Attend pertinent training sessions sponsored by the OBRA PASRR Office
  - Attend scheduled conferences with DMH/MR staff
  - Attend audits, if needed
  - Provide training to DMH/MR staff in the interpretation of the contractor's evaluation instrument
  - Attend scheduled and impromptu meetings with DMH/MR and the Alabama Medicaid Agency

## **IX. PREFERENCE**

Preference will be given to proposals wherein vendor agrees to have an office in Montgomery, Alabama throughout the term of the contract. Preference will be given for proposal wherein vendor has had minimally three (3) years experience with implementing and/or monitoring Federal regulations in regards to Public Law 100-203 relating to Preadmission Screening Resident Review.

## SECTION II

### GENERAL CONDITIONS AND REQUIREMENTS

#### 1. Submission Requirements for Proposals

The Proposal must include the following:

- A. **Transmittal Letter:** The Transmittal Letter will be signed by an individual authorized to legally bind the responder. It will state that the responder is a legal entity that will meet the specifications set forth in this RFP.
- B. **Executive Summary:** The Executive Summary will condense and highlight the contents of the RFP.
- C. **Price Sheet and Certification Statement:** The responder will submit a separate price for each type of evaluation to be performed (Clinical Review, Paper Review, PAS/MI, PAS/MR, PAS/MI/MR/RC). Each price category is to be firm for the duration of the contract period (i.e. the same price for each of the three contract years). All services, including but not limited to training, duplication costs, postage, personnel, and other administrative services, shall be factored into the price proposal.

The price proposal will not be considered for award unless the price in the proposal contains a signed and notarized statement that proposal pricing was arrived at independently without collusion with any other responder or with any competitor.

The total proposal price will include services and requirements as described in this RFP for the total contract period (See Section I, General Information).

- D. **Agency Background and Experience:** This section will include details of the background of the responder's agency, its size and resources and details of experience in conducting PASRR evaluations, evaluating individuals for mental illness and mental retardation, and evaluating the geriatric population.
- E. **Proposals must be clearly marked "Preadmission Screening" services for Department of Mental Health and Mental Retardation. All proposals received after the deadline will be returned unopened.**
- X. **This section will also guarantee the responder's agency has adequate finances to meet programmatic requirements between reimbursements from DMH/MR. The responder must demonstrate evidence of financial soundness and stability (include latest financial audit) which will ensure that Alabama's compliance with P.L. 100-203, OBRA 1987 will not be placed in jeopardy due to any financial difficulties of the responder. A statement of the responder's other business or contractual**



**obligations and a statement of the responder's involvement in litigation that could affect this work must be included.**

To demonstrate the responder's background, experience, and financial soundness, each responder must submit three (3) letters of recommendation from individuals/organizations with whom the responder has directly performed similar services to those contained in this RFP. Letters of recommendation must be submitted on the letterhead of the party submitting the recommendation and include a telephone number where the reference source may be contacted. Recommenders and references must be parties who can attest to the responder's experience and performance in similar projects. Recommendations or references must be a professional or organizational nature, citing the services directly provided by the responder for the reference. Personal recommendations and references will not be accepted. Recommendations which are not received as part of the proposal package will be disregarded, as will any correspondence anonymously received. Recommendations and references may be verified. Any misrepresentation by a responder may be grounds for rejection for award consideration.

A. **Proposal Outlines:** Although proposals should follow the order specified below, there is no intent to limit the content of proposals and responders may include any additional information deemed pertinent. Emphasis should be in a simple, straight-forward, and concise statement of the responder's ability to satisfy the requirements of the RFP

1. Table of Contents
2. Transmittal Letter
3. Executive Summary
4. Independent Price Determination and Certification Statement
5. Agency Background and Experience and References
6. Project Understanding
7. Organization and Staffing
8. Organizational Chart
9. Task Plan
10. Instrument(s)

B. **Documentation:** Documentation is required to be legible, organized, detailed, neat, and relevant to the PASRR process.

## **II. Project Requirements**

Upon acceptance, each proposal will be evaluated to determine the responder's responsiveness to the RFP, as well as the responder's ability to meet the requirements specified in the RFP. All proposals should thoroughly stipulate the responder's description of the following project requirements/specifications:

A. **Project Understanding:** This section will describe the responder's overall understanding of Public Law 100-203 and PASRR, including the legislation and

rationale behind the legislation, as well as to demonstrate the responder's familiarity with the requirements, as well as the populations effected by PASRR.

1. The responder will describe his understanding of PASRR including its history.
2. The responder will describe his understanding of the diagnostic criteria to determine the presence of a major mental illness, mental retardation/related conditions.
3. The responder will describe his understanding of the diagnostic criteria for Dementia and Alzheimer's disease and the significance of such diagnoses found in the PASRR process.
4. The responder will describe his understanding of Alabama's medical criteria, including the Alabama Medicaid Agency's position regarding Seizure Disorders in combination with diagnoses of Mental Retardation/Related Conditions.
5. The responder will describe his understanding of Alabama's Appeal Process and the contractor's role in an appeal.
6. The responder will describe his understanding of project impact on individuals subjected to PASRR.
7. The responder will describe his understanding of the overall role of the contractor in the PASRR process.

**B. Project Organization and Staffing:** This section will describe in detail the responder's plan for meeting the organization and staffing requirements for this RFP.

1. The responder shall describe in detail the responder's organizational structure including clearly depicted lines of authority and responsibility.
2. The responder shall describe the responsibilities of staff and evaluators, as well as the minimum qualifications of staff and evaluators. Resumes and credentials of all staff and evaluators must be included in the proposal. A clinical staff member should be identified with whom DMH/MR can address clinical issues.
3. The responder shall describe recruitment and training of staff and evaluators, including the professional qualifications of trainers for specific training topics, which should also be described. A sample agenda of a training session should be included in this section, as well as timelines for recruitment, training, etc.
4. The responder shall describe descriptions of the administrative services and procedures, quality assurance/improvement services and procedures, security/confidentiality measures, and proposed problem resolution measures.
5. The responder shall include an Organizational Chart for meeting the organization and staffing requirements of this RFP.

**C. Methodology and Task Plan:** This section will describe in detail the responder's plan for meeting the evaluation and explanation/interpretation requirements of this RFP.

1. The responder will describe the proposed plan and the specific procedures to be employed for meeting the requirements of this RFP, including a detailed description of the work to be performed and how it will be executed, timelines, and identify personnel responsibilities.
2. The responder will include a copy of the proposed evaluation instrument(s) and a description of how the data as required by the federal regulations will be collected. The responder will submit detailed specifications of the populations, for which the instruments have been designed and tested, size, and the demographic make-up of test populations, the relevant information to be obtained from each instrument, and the reliability of the instruments. The responder will warrant that all materials and/or instruments will not infringe upon or violate any patent, copyright, trade secret, or other proprietary right of any third party.

### **III. Selection Criteria**

Selection shall be based on factors to be developed by the procuring state entity which may include among others, the following:

1. Specialized expertise, capabilities, and technical competence, as demonstrated by the proposed approach and methodology to meet project requirements.
2. Resources available to perform the work, including any specialized services within the specified time limits for the project.
3. Record of past performance, quality of work, ability to meet schedules, cost control and contract administration.
4. Availability to a familiarity with the project locale.
5. Proposed project management techniques.
6. Ability and proven history in handling special project contracts.

### **IV. Evaluation Criteria**

Proposals will be evaluated on the basis of their responsiveness to the items contained in the content section of this Request for Proposal. It is expected that the review committee will rate responses according to the following ways:

1. **Experience, stability and reputation – 25 points**
2. **Understanding of and responsiveness to the Request for Proposal – 25 points**
3. **Expertise and knowledge**
4. **Project Organization and Staffing – 15 points of Preadmission Screening – 25 points**
5. **Methodology and Task Plan – 20 points**
6. **Budget – 15 points**

## ATTACHMENT 1

### PASRR DATA FISCAL YEARS 2005-2006, 2006-2007, 2007-2008

The following data is the most current numerical data collected for a three year period. The data reflects the number of PASRR referrals and evaluations performed.

Evaluation Type	FY 05 – 06 # Referred/Cost		FY 06 – 07 # Referred/Cost		FY 07 – 08 # Referred/Cost	
Clinical Review	2,577	\$25	2,910	\$31	3,182	\$31
PAS MI	709	\$135	751	\$169	819	\$169
PAS MR	201	\$190	211	\$215	189	\$215
PAS DUAL	86	\$195	88	\$220	115	\$220
Partial/Paper Review MI	828	\$65	1,012	\$81	1,116	\$81
Partial/Paper Review MR	137	\$65	147	\$81	139	\$81
Partial/Paper Review Dual	84	\$65	73	\$81	73	\$81

Number of Specialized Assessments performed in the past two years: 0

Number of Appeals requested in the past two years: 1

## ATTACHMENT 2

### MEDICAL CRITERIA

In determining if a nursing facility applicant/resident is medically eligible for nursing facility level of services, the individual must require or meet at least **two** of the following services/criteria:

1. Administration of a potent and dangerous injectable medication and intravenous medication and solutions on a daily basis or administration of routine oral medications, eye drops, or ointment;
2. Restorative nursing procedures (such as gait training and bowel and bladder training) in the case of residents who are determined to have restorative potential and can benefit from the training on a daily basis;
3. Nasopharyngeal aspiration required for the maintenance of a clear airway;
4. Maintenance of tracheotomy, gastrostomy, colostomy, ileostomy, and other tubes indwelling in body cavities as an adjunct to active treatment for rehabilitation of disease for which the stoma was created;
5. Administration of tube feedings by nasogas A standard departmental contract will be required trich tube;
6. Care of extensive decubitus ulcers or other widespread skin disorders;
7. Other specified and individual justified services, including observation of unstable medical conditions required on a regular and continuing basis that can only be provided by or under the direction of a registered nurse;
8. Use of oxygen on a regular and continuing basis;
9. Application of dressing involving prescription medications and aseptic techniques and/or changing of dressing in noninfected, post operative, or chronic conditions;
10. Comatose resident receiving routine medical treatment; or
11. If the individual has been a **Medicaid Recipient** in the nursing facility.

Please note that the Alabama Medicaid Agency has stated that seizure disorders are considered a related condition if the individual has mental retardation. Therefore, seizure disorders are not considered a medical condition unless the seizures are not controlled.

Further, medications prescribed for seizures for individuals with mental retardation are not considered to meet the first criteria unless the seizures are not controlled. Additionally, medications prescribed for the treatment of mental illnesses are not considered to meet the medical criteria regarding the administration of medication unless the medication is being prescribed for the treatment of a medical illness (e.g. Thorazine for uncontrollable hiccups).

**ATTACHMENT 3**

**SEE FEDERAL REGISTER – RULES AND REGULATIONS ON WEB-SITE**

**Go to:**

**[www.access.gpo.gov/nara/cfr/waisidy\\_05/42cfr483\\_05.html](http://www.access.gpo.gov/nara/cfr/waisidy_05/42cfr483_05.html)**

**Department of Health and Human Services  
Health Care Financing Administration  
42 CFR Parts 405, 431 433 and 483  
Medicare and Medicaid Programs;  
Preadmission Screening and Annual Resident Review**

## **ATTACHMENT 4**

### **PREADMISSION SCREENING ANNUAL RESIDENT REVIEW APPEALS PROCESS**

P.L. 100-203 requires that persons applying for nursing home admission or residing in a nursing facility as of January 1, 1989, must be screened and evaluated for the need for specialized services for mental illness, mental retardation or other related conditions. Upon completion of an evaluation, recommendations regarding medical and specialized services are made to a DMH/MR Qualified Mental Health Professional (QMHP) for mental illness or a DMH/MR Qualified Mental Retardation Professional (QMRP) for Mental Retardation/Related Conditions. The QMHP/QMRP shall be responsible for the final decision concerning the need for services and this appropriateness of nursing facility placement. If the findings are unacceptable to the applicant/resident, the following procedure is made available to insure a fair and impartial final decision:

#### **1. Notice of Appeal**

A person adversely affected by the results of the Preadmission Screening Annual Resident Review Level II evaluation findings may file an appeal for reconsideration within ten (10) days of notification of the findings. Receipt of a notification of appeal shall suspend further action regarding the individual pending completion of the appeals process. The appeal must be filed with the Commissioner of the Department of Mental Health and Mental Retardation in writing. Within twenty (20) days of the request for an appeal, the appealing party will submit to the Commissioner information which substantiates the reason for the appeal. If such information is not received within the specified time frame, the request for appeal is considered void. Upon receipt of the written request and the substantiating information, the Commissioner will order a Local Evidentiary Hearing for reconsideration of the evaluation findings within fifteen (15) working days and will notify the appealing party in writing.

#### **2. Local Evidentiary Hearing**

Hearings shall be informal and conducted by the Commissioner or his designee. The evidence may be presented in writing or in person by the applicant/resident or his/her representative. The hearing will be limited to reconsideration of the decision adversely affecting the applicant. Any expert testimony or other testimony shall be received by affidavit.

#### **3. Findings on Appeal Hearing**

*After review of submitted evidence or testimony, the Commissioner or his designee will provide the findings of the hearing in writing to the appealing party within ten (10) days of the hearing date. If the applicant/resident continues to feel adversely affected by the evaluation determination and the subsequent decision from the Appeal Hearing, a written request for a Fair Hearing must be received by the Alabama Medicaid Agency within sixty (60) days following the initial Preadmission Screening Annual Resident Review determination/findings.*

## **ATTACHMENT 5**

### **ADMISSION CRITERIA FOR ALICE KIDD, NF**

PASRR evaluations are also required for individuals applying to or residing in a Medicaid certified nursing facilities operated by AL DMH/MR's Division of Mental Illness. This facility is the Alice Kidd Nursing Facility. Due to the specialized services in this facility, the following criteria must be met **in addition** to the medical criteria as identified in Attachment 2:

1. The individual must be currently receiving inpatient psychiatric treatment through Bryce or Searcy Hospitals;
2. Have a mental disease;
3. Require psychiatric treatment/services; and
4. Must be 65 years of age or older.



ATTACHMENT 6



GUY HUNT  
Governor

Alabama Medicaid Agency

2500 Feklene Drive  
Montgomery, Alabama 36130

November 13, 1991



CAROL A. HERRMANN  
Commissioner

TO: Mental Retardation Community Services Director  
OBRA Screening Office  
Nursing Home Providers

FROM: Alabama Medicaid Agency  
Department of Mental Health and Mental Retardation

SUBJECT: Individuals with Mental Retardation who are Diagnosed with Seizures

Within the last twelve months, some individuals with mental retardation have applied for nursing facility services on the basis of a diagnosis of seizures. In a recent meeting between the Department of Mental Health/Mental Retardation and Medicaid, it was agreed that individuals with mental retardation seeking nursing facility services are not medically eligible if their only medical diagnosis is seizures which are controlled by medication. Seizures that are controlled by medication are defined as those for which anticonvulsant medication is used regularly to prevent or control seizures.

This agreement does not cover individuals with active seizures or seizures with other medical conditions.

If you have any questions concerning this matter, please contact Medicaid or the Division of Mental Retardation, Department of Mental Health/Mental Retardation.

USE FOR MEDICAID CERTIFIED FACILITIES ONLY!

LTC-14 Rev. 8

## LEVEL I SCREENING FOR MENTAL ILLNESS/MENTAL RETARDATION

**Please Print. The Form MUST be Completed in Full.**

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

PRESENT LOCATION: ☐ NF ☐ Hospital ☐ Community Setting (Specify): \_\_\_\_\_

Facility Name and Room # \_\_\_\_\_ Street \_\_\_\_\_ City, State and Zip \_\_\_\_\_ County \_\_\_\_\_

LEGAL GUARDIAN, If Applicable: \_\_\_\_\_ Address: \_\_\_\_\_

**Note:** Under OBRA '87, any individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$ 5,000 with respect to each assessment.

The Medical Records contain documentation to support information indicated and submitted on the Level I

REFERRAL SOURCE AND TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_ FAX #: \_\_\_\_\_ PHONE #: \_\_\_\_\_

1. Does the individual have a suspected diagnosis or history of mental retardation or a related condition? ☐ Yes ☐ No

1a. Specify.

- ☐ Mental Retardation ☐ Epilepsy  
☐ Autism ☐ N/A  
☐ Cerebral Palsy

- 1b. Did the **mental retardation** develop before the individual reached age 18? ☐ Unknown ☐ Yes ☐ No ☐ N/A

- 1c. Did the **related condition** develop before the individual reached age 22? ☐ Unknown ☐ Yes ☐ No ☐ N/A

2. Does the individual have a suspected diagnosis or history of a serious mental illness that is not situational or related to a medical condition?

☐ Yes ☐ No

2a. If yes, specify diagnosis:

- ☐ Schizophrenia  
Mood Disorder: ☐ Major Depression ☐ Bipolar ☐ Depression  
☐ Paranoid Disorder  
☐ Anxiety Disorder  
☐ Somatoform Disorder  
☐ Personality Disorder  
☐ Psychotic Disorder  
☐ Unspecified Mental Disorder  
☐ Panic Disorder

3. Has the individual been prescribed or taken any **anti-depressant, anti-psychotic and/or anti-anxiety medications** on a regular basis within the last 14 days for a general medical condition?

☐ Yes ☐ No

If yes, list medications:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. Is there a diagnosis of Dementia, Alzheimer or any related organic disorders? ☐ Yes ☐ No If yes, complete the MMSE

Provide MMSE Score: \_\_\_\_ Check if unable to test: ☐

4a. If #4 is yes, Check level of consciousness:

☐ Alert ☐ Drowsy ☐ Stupor ☐ Coma ☐ N/A

4b. If #2 &amp; #4 are yes, which diagnosis is primary:

☐ Dementia ☐ Mental Illness ☐ N/A

5. Does the individual's current behavior or recent history within 1 year indicate that he/she is a danger to self or others (suicidal, self-injurious or combative)? ☐ Yes ☐ No

If yes, explain: \_\_\_\_\_

6. This Level I is due to **one** of the following:

- ☐ Significant behavioral change  
☐ Significant mental health diagnosis change  
☐ Significant medical decline  
☐ Significant medical improvement  
☐ New NF admit  
☐ Previous Level I incorrect (for nursing home use only)  
☐ No Level I upon NF admission (for nursing home use only)

7. Is the individual applying for NF care due to the following conditions? (choose **one or more** of the following):

- ☐ Long term care  
☐ Convalescent care (Valid **ONLY** with PT and/or OT orders and for a short term stay as prescribed by MD for 120 days or less)  
☐ Other short term NF stay  
☐ Terminal illness (Life expectance of 6 mo. or less)  
☐ Comatose  
☐ Ventilator dependant  
☐ Functioning only at brain stem level  
☐ Cerebella degeneration  
☐ Advanced Amyotrophic Lateral Sclerosis  
☐ Huntington's Disease